STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 02/16/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEARDSLEY HOUSE	27833 CR 24 ELKHART, IN 46517

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R0000	This visit was for the Investigation of Complaint IN00102812. Complaint IN00102812- Substantiated. State residential deficiencies related to the allegations are cited at R349 and R354. Survey dates: 2/15-16/12 Facility Number: 004353 Provider Number: 004353 AIM Number: N/A Survey Team: Ellen Ruppel, RN Census bed type: Residential: 25 Total: 25 Census payor type: Other: 25 Total: 25 Sample: 3 These state findings are cited in accordance with 410 IAC 16.2. Quality review 2/21/12 by Suzanne Williams, RN	R0000	**Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or, that this Statement of Deficiency was correctly cited, and is also not to be construed as an admission against interest by the facility, or any employee, agents, or other individuals who draft or may be discussed in the response and Plan of Correction.** **In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by this facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.** **We respectfully request that this 2567 Plan of Correction be considered our Letter of Credible Allegation.**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R0349	410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized. Based on record review and interviews, the facility failed to maintain complete records for 1 of 3 residents whose records were reviewed. Resident C Findings include: The closed clinical record of Resident C was reviewed, on 2/15/12 at 11:00 a.m., and indicated the resident had been admitted to the facility on 4/24/09, from another long term facility. Review of a discharge list, provided by the Residence Director, on 2/15/12 at 10:00 a.m., indicated Resident C had been discharged on 9/7/11. The most recent documentation in the resident C's services notes was dated 8/31/11 (no time specified), which indicated the resident had been found on the floor in the bathroom. No injuries were identified.	R0349	**R349 Clinical RecordsWhat corrective action will be accomplished for those residents found to have been affected by the deficient practice?**Resident C discharged on 9-7-11 and admitted to another Assisted Living Facility (ALF).**How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?**The Wellness Director audited discharged resident charts from the past 90 days to ensure proper discharge documentation. No concerns were noted.**What measures will be put into place or systemic changes made by the facility to ensure that the deficient practice does not recur?**Nursing staff shall document discharge accordingly to facility procedure. Wellness Director will review documentation and confirm that it is completed properly. Regional	03/16/2012

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	There were no further notes regarding the resident's status or information regarding her discharge. During an interview with the current Wellness Director, on 2/15/12 at 12:05 p.m., she indicated she had not been employed by the facility while Resident C was a resident in the facility. She was unaware of fall history, discharge information or specifics of Resident C's time in the facility. During an interview with the Residence Director, on 2/15/12 at 1:30 p.m., he indicated he had just begun his employment when Resident C was taken out of the facility by family. He provided a letter , dated 9/8/11, at 11:36 a.m., which confirmed Resident C's vacating the apartment and moving to another facility. This state finding relates to Complaint IN00102812.		Director of Quality and Clinical Management will re-educate nursing staff on discharge procedures. Staff will complete a self-learning packet on transfer/discharge process and sign and date that they have read the self-learning packet. New staff will be educated during their initial week of new employee orientation. They will also complete a self-learning packet and sign and date that they have read the materials.**How will the corrective action be monitored to ensure the deficient practice will not recur?** Residence Director will review next 6 transfers prior to transfer for record completeness. Any concerns will be corrected and retraining done as necessary.The Regional Regional Director of Quality and Clinical Management and/or Regional Direcotr of Operations will review discharge paperwork of randomly selected residents during their scheduled visits for 6 months to ensure compliance, then quarterly thereafter. Any concerns will be corrected and retraining done as necessary.	

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R0354	410 IAC 16.2-5-8.1(g)(1-7) Clinical Records - Noncompliance (g) A transfer form shall include the following: (1) Identification data. (2) Name of the transferring institution. (3) Name of the receiving institution and date of transfer. (4) Resident ' s personal property when transferred to an acute care facility. (5) Nurses ' notes relating to the resident ' s: (A) functional abilities and physical limitations; (B) nursing care; (C) medications; (D) treatment; and (E) current diet and condition on transfer. (6) Diagnosis. (7) Date of chest x-ray and skin test for tuberculosis. Based on record review and interviews, the facility failed to provide information to the facility receiving a resident, who had been discharged from the current facility. This deficit practice affected 1 of 1 resident in a sample of 3, whose records were reviewed for transfer information. Resident C Findings include: The closed clinical record of Resident C was reviewed, on 2/15/12 at 11:00 a.m., and indicated the resident had been admitted to the facility on 4/24/09, from another long term facility. Review of a discharge list, provided by	R0354	**R0354 Clinical RecordsWhat corrective action will be accomplished for those residents found to have been affected by the deficient practice?**Resident C discharged on 9-7-11 and admitted to another facility.**How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?**The Wellness Director audited discharged resident charts from the past 90 days to ensure proper discharge documentation. No concerns were noted.**What measures will be put into place or systemic changes made by the facility to ensure that the deficient practice does not**	03/16/2012

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	the Residence Director, on 2/15/12 at 10:00 a.m., indicated Resident C had been discharged on 9/7/11. The most recent documentation in the resident C's services notes was dated 8/31/11 (no time specified), which indicated the resident had been found on the floor in the bathroom. No injuries were identified. There were no further notes regarding the resident's status or information regarding her discharge. During an interview with the current Wellness Director, on 2/15/12 at 12:05 p.m., she indicated she had not been employed by the facility while Resident C was a resident in the facility. She was unaware of fall history, discharge information or specifics of Resident C's time in the facility. During an interview with the Residence Director, on 2/15/12 at 1:30 p.m., he indicated he had just begun his employment when Resident C was taken out of the facility by family. He provided a letter , dated 9/8/11, at 11:36 a.m., which confirmed Resident C's vacating the apartment and moving to another facility.		**recur?**Nursing staff shall document discharge accordingly to facility procedure. Wellness Director will review documentation and confirm that it is completed properly. Regional Director of Quality and Clinical Management will re-educate nursing staff on discharge procedures. Staff will complete a self-learning packet on transfer/discharge process and sign and date that they have read the self-learning packet. New staff will be educated during their initial week of new employee orientation. They will also complete a self-learning packet and sign and date that they have read the materials.**How will the corrective action be monitored to ensure the deficient practice will not recur?** Residence Director will review next 6 transfers prior to transfer for record completeness. Any concerns will be corrected and retraining done as necessary.The Regional Regional Director of Quality and Clinical Management and/or Regional Direcotr of Operations will review discharge paperwork of randomly selected residents during their scheduled visits for 6 months to ensure compliance, then quarterly thereafter. Any concerns will be corrected and retraining done as necessary.	

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	Review of the facility's policy for residents who move out of the facility, provided by the Residence Director, on 2/16/12 at 9:35 a.m., indicated the following: "2. Document the move-out in the Resident Service Notes. The move-out note should include statements regarding the resident's condition at the move-out, the location to which the resident moved, items, including medications, released to the resident or responsible party, records released, if any, and any other pertinent information. 3. When the resident moves to another location provide the resident and/or his/her family/legal representative with copies of the resident's most current physician orders, medication record and Service Assessment/Negotiated Service Plan as requested in accordance with the resident's Authorization for the Release of Health Information Form (HIPPA 107). Determine whether medications should be given to the resident, returned to the pharmacy or sent to the new residence directly. Record this in the Resident Service Notes." There was no documentation regarding the transfer to the new facility or what was sent with the resident.			

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	This state deficiency relates to Complaint IN00102812.			